

# Tree Removal/Pruning Request

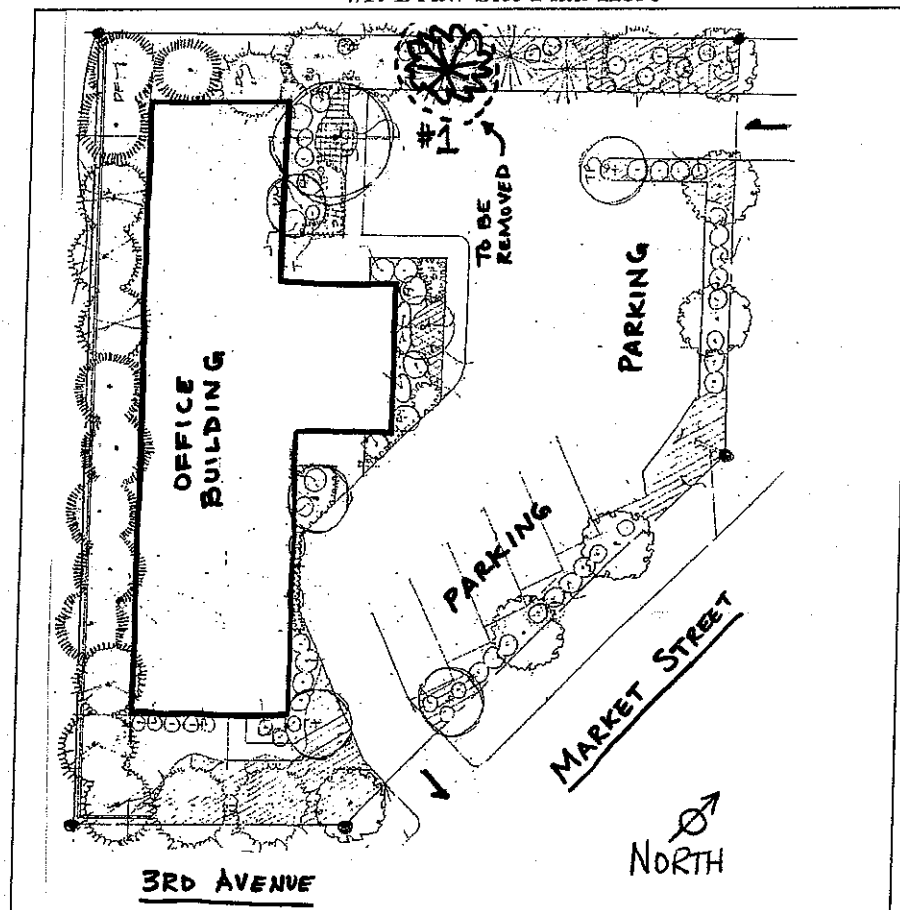
RECEIVED

Please allow a minimum of 10 working days for City response to this request. If you illegally remove trees, the City may pursue monetary penalties and/or restoration under KMC 19.36 or KZC 95.55.



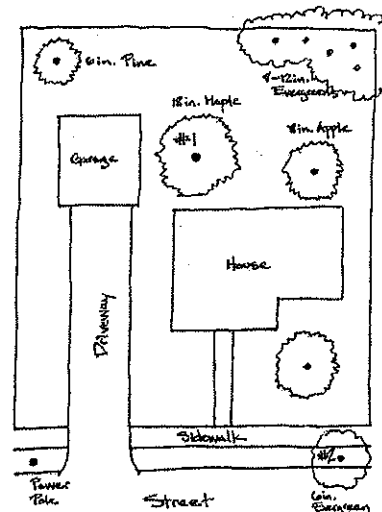
Property Address 1029 Market Street BY PLANNING DEPARTMENT  
 Date 12/20/07 Permit # TRE 08-00002  
 For City Use

## #1: Draw Site Plan Here



- Please show all trees
- Number each tree to be removed/pruned
- Show buildings and roads

Example site plan



## #2: List the trees (private and/or public) proposed to be removed and/or pruned:

Use additional forms if requesting to remove more trees than space provides.

For city use

Tree # from site plan	Type/Species	Size (dia)*	Location	Reason for removal/pruning	Public tree?	Public Inv.#
(example) #1	Big-leaf maple	18"	East of garage behind house	Remove - rotten in the middle	no	
#1	maple	36"	East edge of office bldg.	diseased/stressed CRACKS IN LIMBS	NO	

\* Measure or estimate the diameter of the tree trunk at 4½ feet above the ground. Note if there is more than one trunk per tree



Next page, please

**#3: A report from a certified arborist\*\*\* is required with this application if:**

- More than 2 trees per year are being removed from private property
- The tree is located in a Sensitive or Critical Area
- The tree to be removed is on the public right-of-way



**#4: For public tree pruning:**

The City, upon reviewing the request, may elect to perform the pruning. If not, a certified arborist\*\*\* is required to perform the pruning of public trees. The arborist will need to meet with City staff prior to pruning. The arborist is to complete the section below.

**\*\*\* To be completed by the certified arborist:** I am a certified arborist, and I guarantee that the work to be performed will conform to current ANSI A300 standards.

Certified Arborist Signature

Print name and company

City Business License #

Arborist certification ID and exp date

Phone #

**#5: Your contact information:**

Requestor Name: Tara Stephenson

Phone: 425 883 1900 x 221

Mailing Address: 25 Central Way Suite 210  
Kirkland, WA 98033

Fax: 425 497 1921

Email: tstephenson@dibbleengineers.com

Owner Signature (acknowledging and supporting request)

Tara Stephenson  
Owner phone: 425 883 1900 x 222

Staff Review Section Below

Private trees: ☒ Approved ☐ Not Approved

Staff signature: [Signature]

Email: snyder@ci.kirkland.wa.us

Phone: 425-587-3247

Comments: Approved removal of one tree

Public trees: ☐ Approved ☐ Not Approved

Staff signature

Email

Phone